## **Application Data Sheet**

#### **Application Information**

Filing Date:: 09/05/03
Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: RECLINING VEHICLE SEAT HINGE ASSEMBLY

Attorney Docket Number:: 011361-00079

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 7

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: OTTO

Middle Name:: J.

Family Name:: VOLKER

Name Suffix::

City of Residence:: ROCHELLE

State or Province of Residence:: ILLINOIS

Country of Residence:: US

Street of mailing address:: 6892 S. JOANNE AVENUE

City of mailing address:: ROCHELLE

State or Province of mailing address:: ILLINOIS

Country of mailing address:: US

Postal or Zip Code of mailing address:: 61068

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: NATHAN

Middle Name:: D.

Family Name::

Name Suffix:: LEWIS

City of Residence:: OREGON

State or Province of Residence:: ILLINOIS

Country of Residence:: US

Street of mailing address:: 4106 N. RIVER ROAD

City of mailing address:: OREGON

State or Province of mailing address:: ILLINOIS

Country of mailing address::

US

Postal or Zip Code of mailing address:: 61061

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

**BILLY** 

Middle Name::

LEE

Family Name::

LARSON

Name Suffix::

City of Residence::

**ELIZABETH** 

State or Province of Residence::

**ILLINOIS** 

Country of Residence::

US

Street of mailing address::

2632 E. READ ROAD

City of mailing address::

**ELIZABETH** 

State or Province of mailing address::

**ILLINOIS** 

Country of mailing address::

US

Postal or Zip Code of mailing address:: 61028

### **Correspondence Information**

Correspondence Customer Number::

28316

#### **Representative Information**

Representative Customer Number::

28316

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
			, oraniou.

## **Assignee Information**

Assignee name:: DURA GLOBAL TECHNOLOGIES, INC.

Street of mailing address:: 2791 RESEARCH DRIVE

City of mailing address:: ROCHESTER HILLS

State or Province of mailing address:: MICHIGAN

Country of mailing address:: US

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